

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Attorney Docket No: LAM2P258

KO et al.

Examiner: Vinh, L.

Application No: 09/895,566

Group Art Unit: 1765

Filed: June 29, 2001

Date: July 2, 2003

**For: SELF-ALIGNED CONTACT PROCESS
IMPLEMENTING BIAS COMPENSATION ETCH
ENDPOINT DETECTION AND METHODS FOR
IMPLEMENTING THE SAME**

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail to: Commissioner for Patents, Alexandria, VA 22313-1450 on July 2, 2003.

Signed:

Mail Box Non-Fee Amendment
Commissioner for Patents
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims Remaining After <u>Amendment</u>	Highest Previously Paid For	Present Extra	SMALL ENTITY <u>RATE FEE</u>	OR	LARGE ENTITY <u>RATE FEE</u>
TOTAL CLAIMS INDEP CLAIMS	<u>16</u> -	<u>20</u>	<u>00</u>	X09 = \$	OR	X18 = \$
	<u>04</u> -	<u>04</u>	<u>00</u>	X42 = \$	OR	X84 = \$
[] Multiple Dependent Claim Present and Fee Not Previously Paid				\$140		\$280
TOTAL				\$		\$

- ☐ Applicant(s) hereby petition for a _____ month(s) extension of time to respond to the outstanding Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0805.
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-0805 (Order No. LAM2P258). A copy of this sheet is enclosed.

Respectfully submitted,
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